

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 664
442
Registrar's No.

FILED FEB 24 1942
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1935 Switzer Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community Unknown (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Anna Naber

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John F. Naber 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased January 14, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 11 29 hr. min.

9. Birthplace Chester Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name George Middendorf
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mina Triefie
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant William F. Naber
(b) Address 1935 Switzer Ave

17. (a) Burial (b) Date thereof 1/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fain Ave

19. (a) JAN 15 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town 1935 Switzer Ave
(If outside city or town limits, write "RURAL")
(d) Street No. 1935 Switzer Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th
year 1942 hour 12:00PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 9
1942 to Jan. 13, 1942;
that I last saw her alive on Jan. 13, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to 108
Due to _____

Other conditions Chronic Cystitis 4 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury X
23. Signature J. F. Budick (M. D. or other)
Address 8321 N. Broadway Date signed 1/14/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Samuel Hampton*
Licensed Embalmer No. *2967*
P. O. Address.....*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.